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Submitted OR	Submitt	led after Initial	•							
With Initial	Filing (s	Filing (surcharge	Art Unit							
Filing	(37 CFF require	R 1.16 (e)) d)	Examiner Na	me	1					
I hereby declare that:										
Each inventor's residence, m	ailing address, a	and citizenship are	as stated belo	w next to t	heir name	э.				
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
METHOD AND SYSTEM FOR PROVIDING MEDICAL ASSISTANCE TO A TRAVELER										
the specification of which		(Title of the	Invention)							
is attached hereto										
_										
OR	_		-							
was filed on (MM/DD/YYYY) 11/22/2004 as United States Application Number or PCT International										
Application Number PCT/	L2004/001071	and was amende	d on (MM/DD/	YYYY) [(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as										
amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for										
continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priori	ty benefits unde	r 35 U.S.C. 119(a)-(d) or (f), or	365(b) of	any fore	ign applicati	on(s) for patent,			
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Additional inventors or a legal re	enresentative are being	n named on the	sunnlem	ental sheet(s) P	TOIS	B/02A or (02LR attached hereto.	